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Medical Virtues and Uses of Lobelia Inflata. By ARIEL
HUNTON, M. D.

THE article under consideration having for years been used by a *sect of empirics* in a promiscuous manner, and in every case, who denounce every other emetic as useless or poisonous, I was deterred from using it for years through sheer *prejudice*.

It was related that persons had frequently died under the operation, and others had been much exhausted and distressed from its exhibition.

I did not commence the use of this article until a medical friend pointed out to me its good qualities, and urged me to commence its use, and with it, in the exhibition, add a *stimulant*.

Then I fearfully commenced the use of this powerful herb, and endeavored carefully to note its operation. I have exhibited it to the aged, to infants, and women in every stage of gestation; in the latter, to equalize the circulation and obviate the *nervous restlessness* with which they are usually afflicted. It is prompt and effectual in its operation, acting easily and kindly, *properly administered*, as any emetic I ever prescribed. The first description of the remedial effects of lobelia was in *Thatcher's Dispensatory*, of 1810, p. 146. His description was copied from the writings of an asthmatic *clergyman*, who had taken the tincture of lobelia to relieve him of a paroxysm of that distressing disease. The writer, Rev. Dr. Cutler, says he took in twenty-five minutes three tablespoonfuls of a saturated tincture; does not state it distressed him. This is more than I ever administered at once, or than ever ought to be taken at such short intervals; it will usually *much* distress the patient.

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In *Eberle's Therapeutics*, of 1825, p. 46, you will perceive the same account quoted from *Thatcher*; no further investigation, nothing added; in *Hooper's Medical Dictionary*, the same quotation. Those writers aver it will not come into general use, in consequence of the uncertainty of its operation, in some cases being inert, or not acting in large doses; and in others, in small quantities, acting with violence. This is very different from my experience of twenty years.

The *U. S. Dispensatory*, of 1843, speaks more favorably of the article, but has the same Dr. Cutler account, and says in conclusion: "As an emetic, it is too powerful, and too distressing, as well as hazardous in its operation, for ordinary use," and farther assigns to it cathartic properties. I have never discovered any quality of the kind. Here is the copying from a *Protocol*, written by a D. D. of nearly forty years' standing, and very little or no investigation. The progress in this case, as well as many others, is quite too tardy. Is it not lamentable that our medical writers and professors should copy so much, and investigate so little? In my intercourse with my professional brethren, I find some in constant use of lobelia, who highly prize it as a remedy; while others, who have given it but one trial (and that improperly), declare they will never repeat it.

The narcotic effect of lobelia, so much objected to, is very slight. After the operation, the patient is inclined to sleep, but the repose is short and refreshing.

The cause of this article distressing the stomach, in my opinion, is its direct sedative quality; this sensation, I am very sure, may always be remedied or removed by stimulants. I have been called to several cases where *Thompsonians* had given lobelia, in large doses, which had greatly distressed and prostrated the patient, and alarmed the friends. In those cases the pulse is very feeble and slow, laborious breathing; dissolution will appear inevitable. Stimulants, in my hands, have always relieved; such as hot slings, capsicum, ess. peppermint, given *pro re nata*. Soon after commencing the use of this drug, I gave a patient $\frac{3}{ii}$ of the saturated tincture; it produced all those alarming symptoms. I got out of the dilemma as well as I could, and have not been caught in such a predicament since.

A lobelia emetic will equalize the circulation, and throw the blood on the extremities more effectually than any other emetic, or any article in the *materia medica*. All admit it to be an expectorant, and a powerful diaphoretic; it is also a diuretic, an antispasmodic, even in *subsultus tendinum*; it is a nervine, good in hysteria, and an alterative. R. $\frac{3}{2}$ iss of the leaves and capsules, or $\frac{3}{2}$ ii, if the stalks are retained, and $\frac{3}{2}$ i of pulv. sang. *Canadensis* to one pint of alcohol; to insure a saturated tincture, to stand from five to seven days; of this tincture, half an ounce or a tablespoonful is a dose, and this quantity will do no injury, if given as directed.

If this quantity does not operate as an emetic, give ipecac.; if it does not operate at all, it will do no injury; it will excite all the secretions and excretions into action. I request the medical readers of this article, in the first case of pleuritis occurring, to bleed your patient, then give a lobelia emetic as directed; and the emesis should not take place in less time than one hour, or one and a half hour. When it shall operate, your patient will be exercised with very little pain; with a sinapism to the side, give such other medicines as the case indicates, until the next day, then another emetic, and your patient usually will be convalescent. In acute rheumatisms, two or three lobelia emetics are of great service, more particularly in the incipient stage; the addition of gtt. thirty to forty of saturated tincture of white hellebore, or veratrum viridi, or American hellebore, added to each emetic, is of great use. *Try it.*

Directions.—Prepare an infusion of mint tea; to two-thirds of a teacupful add ten grs. of ginger, one teaspoonful of sugar, and five grs. of capsicum, or ess. peppermint; then add $\frac{3}{2}$ ss of tincture of lobelia. Mix. Give a teaspoonful, and after it warm herb tea, or tepid water; in ten minutes give another teaspoonful. In this way, give four doses; then increase the quantity to a tablespoonful, waiting between each exhibition ten minutes, or until the nausea has subsided. After taking the quantity directed, if emesis does not occur, give ipecac., drink plentifully of mint tea or tepid water; it will operate as easily and kindly as any emetic in use.

My main object in writing the above, is to induce my medical brethren to use domestic remedies, as a substitute for foreign drugs. If what I have written will induce the faculty to make a trial of the remedy I have proposed, and it should succeed as well in their hands as it has in mine, you will be put in possession of a useful and potent remedy.

Some may think me fanatical, but all I have written is from my own experience. I would add, boiling heat will dissipate the emetic effect of lobelia.

HYDE PARK, VT., July, 1852.

Hints on Physical Education. By JAMES H. STUART, M. D.
No. 1.

THIS is a subject which has recently engaged the attention of the medical world to a considerable extent; but its importance is such that *too* much cannot be said upon it, provided there is a possibility of good resulting. The following ideas were promulgated in an inaugural thesis, presented at the U. P. in the spring of 1850, and I was then requested by Prof. Jackson to publish them. Motives of a personal consideration prevented me from acting on his kind advice at that time. But I now select the opportunity of presenting a brief and condensed summary of the main ideas to my professional brethren for their criticism, trusting that, if wrong, I may be mildly and kindly led back to the right track; and, if right, my views may be of some small utility to the persecuted "rising generation."

In the matter of physical education, the world is now far behind the standard of ancient times. Physicians have found it more to their interest to *cure*, than *prevent* disease, and accordingly we find more curing to *be* done now than formerly. We may, if we please, look wise, and sagely attribute it to the "progress of civilization," but a little cool reflection will convince any reasoning being that it is not a *necessary* concomitant of that progress.

In passing through the crowded streets of any of our large cities, one is struck by the appearance of the children and youth. A stranger from the country, or a small town, would be peculiarly apt to observe it. In the place of the bright, ruddy, healthful look he has been accustomed to, he sees—but too often—pale, dejected countenances, surmounting puny, stunted frames, and sighs as the poor little ones pass him on their way to school. In lieu of the hearty bursts of laughter, or still heartier yells of grief, with which country children express their joy or sorrow, he hears, perhaps, a “genteel titter,” a half-suppressed whine; for, juvenile as they are, they are too “well-bred” to be boisterous. Each one of them is intended for a *gentleman* or *lady*, *not man or woman*, and their conduct is regulated in accordance. Not unfrequently brilliant intellect is to be traced in those pallid countenances; and sad, indeed, is it to reflect that probably ere long its light will be quenched in the “night of the grave,” and all through the misdirected ambition of parents to tax the precocious genius of their children to its utmost limits. Most sad of all is it to see young girls, just budding into womanhood, when life should be one long May morning; when their affections are ripening, and the future seems to spread a fairy-land before their vision, blasted and withered by the unhallowed influence of a fashionable education, and stepping feebly along—chlorosis fairly stamped on their whole appearance—objects of pity rather than of admiration.

Viewing all this, and knowing it to be the result, in part, of ill-assorted marriages and hereditary taints, we feel half disposed to pardon those stern old Greeks and Romans for consigning to Pluto all feeble and deformed children in their infancy, before suffering commenced. Painful, indeed, must it be for these wretched victims, when they have attained years of reflection, to know that much even of hereditary delicacy of constitution might have been avoided, or rather prevented, by a timely course of training, which their unhappy parents, either from a sinful carelessness or a still more sinful obeisance to fashion, had denied them. How must they feel towards the authors of their being, who, knowing their own infirmities, yet regardless of the consequences; heedless of entailing disease and misery on their

posterity, rushed blindly into matrimony—mayhap because a marriage was *convenient!!* If people *will* beget children, they should be forced to take care of them. Many children are ruined by mistaken kindness; many by an easy carelessness. The parents “know their duty, but they do it not,” principally because they think this, that, and the other little item of training, a useless one, forgetting that “many a mickle makes a muckle.” It is a subject which should be urged home upon every one. Orators go to public meetings, and prate about “progressive improvement,” the “superiority of the present over the past,” &c. &c. The merchant goes to his counting-room, and busies himself to amass wealth—for his heirs. The divine enforces his message from God to a dying world; and the physician talks very learnedly to his patients about constitution, exercise, diet, &c. And whilst these men are pursuing their avocations in the forum, the counting-house, the pulpit, and the sick chamber, their children are probably inhaling the seeds of death in a crowded school-room, or laying the foundation for rickets in an ill-regulated nursery, whence they will emerge, each an “Infant phenomenon,” to enliven mamma’s admiring visitants, or astonish papa’s business acquaintances. But, my letter grows lengthy, and, as I have just completed the rather prosy exordium of what I promise shall be a brief discourse, perhaps it will be well to cease for the present, and commence the pith of the matter in your next volume, for which we wish all the success it deserves—and that’s saying a good deal.

ERIE, Aug. 9, 1852.

IN *The Boston Medical and Surgical Journal*, vol. xlv. pp. 201, 274, 282, attention is called to the employment of pumpkin seeds in the treatment of tape-worm. From the following article, which appeared originally in the *Journ. de Méd. de Bordeaux*, it would seem that attention was long since called to the remedy in the French journals, and that a success has attended its employment which warrants further investigation. It is strongly in favor of the remedy that the attention of medical

men should be almost simultaneously drawn to it on both sides the Atlantic. If observations are made upon it by our readers, we trust they will report the result.

Paste made from Pumpkin Seeds in the Treatment of Tænia.

Translated from the French, by S. W. BUTLER, M. D.

WE have often repeated that our indigenous *materia medica* is not as meagre as is made to appear, and if we employed in its study the care which we bestow upon that which commerce brings us at great expense, this truth would not need to be repeated. Here is an example. It is more than thirty years since the *Journal Universel des Sciences Médicales* described the good effects which Dr. Mongeny had obtained in cases of tænia with a paste composed of ninety grammes (about $3\frac{1}{2}$ ozs.) of fresh pumpkin, and double that quantity of honey, given in three doses an hour apart. By this means, this physician had constantly succeeded in dislodging the tænia in the course of six or seven hours, even, in many cases after all the remedies then known had failed.

This result was sufficiently important, and the innocuity of the medicine incontestable enough to have provoked an extended trial, but observations upon it have only been made by the practitioners of Bordeaux. In 1845, Dr. Brunet pointed out to his colleagues of the Medical Society, the remarkable results which he had obtained by the use of pumpkin seeds, and since that time many of his brethren have cited numerous cases of expulsion of tænia by the employment of this remedy.

At Bordeaux, the paste is prepared with forty-five grammes (about $1\frac{1}{2}$ oz.) of the hulled seeds of the large pumpkin (*cucurbita maxima*) with the same quantity of sugar.

Here is another proof of the success of this remedy. A physician suffered for two years, almost constantly, with pains in the lumbar region, and with general lassitude; the least labor fatigued him greatly. This state had discouraged him, and made him fear an affection of the nervous system. Having perceived that he discharged living white worms, resembling pieces of flattened dog's grass (*chiendent aplati*), of the length

of an inch, or nearly, and although he distinguished in them a perforation, and not the slightest trace of articulation, he thought himself affected with tænia. In accordance with the advice of M. Saramea, he took, at eleven o'clock at night, thirty grammes (about an ounce) of pumpkin seeds, mixed with one-third the quantity of sugar. The next morning—twelve hours after—having taken a simple injection, this physician passed seven metres (a little more than seven yards) of tape-worm. We cite this case simply to set forth the efficacy of the means employed; and we must here mention that, in the discussion brought forth by this fact, Dr. Brunet said he had employed this remedy twenty-five or thirty times with success since his first communication to the Society. M. Saramea has also succeeded in a great number of cases, but he has been obliged sometimes to employ the remedy a second or even a third time. This physician cites two cases in which the root of the pomegranate, and even the kousso, had failed. It is not necessary to believe, however [in regard to the remedy in question], that no instance of failure may occur. M. Brunet and M. Costes have pointed some out, and they have asked, with just reason, if these various results may not be consequent upon the species of tænia treated. This remedy has seemed sufficiently efficacious to warrant the Society in entertaining the proposition of one of its members, to address a note to the National Academy of Medicine, with the request to order its insertion in its proceedings, and ultimately in the *Codex*.

This communication will, we doubt not, be received favorably by the Academy, and we would hold it up as an example worthy of imitation—as occasion offers—by other societies!

BIBLIOGRAPHICAL NOTICES.

God in Disease; or, The Manifestation of Design in Morbid Phenomena. By JAMES F. DUNCAN, M. D., Physician to Sir P. Dun's Hospital, Dublin. Philadelphia: Lindsay & Blakiston, 1852, pp. 232.

THIS is an interesting book treating of a novel subject; and one from which much instruction may be gained. The author claims originality for the view he has taken of disease, as well as for the manner of its presentation, to which we suppose he is fairly entitled. His object is to show that disease is the effect of design on the part of Him who doeth all things well; not only in its numerous varieties, but in its symptoms and modifications of symptoms. It is supposed to be the direct result of an intelligent cause, and, being such, in all its course can be traced constant evidences of the goodness, mercy, and wisdom of its Author and Disposer.

With such a theme, and a mind apparently well stored with useful and practical facts, the author could hardly help making his work not only attractive, but valuable. We believe the well-disposed physician may glean from it many important hints that will serve him in the round of his duties, and afford him probably the means of suggesting to his patients thoughts and hopes, the indulgence of which may render them happier in their afflictions, by aiding them to look with confidence to the great Physician whose hand is ever ready to dispense that balm and consolation to the spirit, which is so needful in many cases to the restoration of the disordered physical system. The book ought to be read.

The Principles and Practice of Surgery. By WILLIAM PIRRIE, F. R. S. E., Regius Professor of Surgery in the Marischal College and University of Aberdeen; Surgeon to the Royal Infirmary, etc. etc. Edited with additions by JOHN NEILL, M. D., Surgeon to the Pennsylvania Hospital, Demonstrator of Anatomy in the University of Pennsylvania, etc. Philadelphia: Blanchard & Lea, 1852.

THE work before us contains 784 pages and 316 engravings. It has 25 chapters devoted to the discussion of various surgical diseases, beginning with inflammation and its results. Wounds, Fractures, Erysipelas, Diseases of the Joints and Osseous System, Affections of the Arteries and Veins, Calculous Disorders and Affections of the Genito-Urinary System, Amputation, Tumors, and Diseases of the Eye and its Appendages are separately considered and illustrated. The engravings are on wood, and represent with fidelity, so far as we can judge, and have had opportunity to examine them, the various disorders which they are designed to illustrate. The author has recently introduced some new views on the subject of pathology, which from his position and experience entitle them to weight and consideration; while our friend, the editor, has added new illustrations, with a few articles intended particularly for the American student and reader. We need say no more of the work, having attempted to define its outline.

EDITORIAL.

DEATH OF PHYSICIANS IN PHILADELPHIA.

WE are again called upon to note the mournful fact, that the ranks of our profession are being stripped of some of its most

promising and useful members. But a short time has elapsed since the death of the lamented

JAMES B. ROGERS, M.D.,

of the University of Pennsylvania. Dr. Rogers was one not engaged to any considerable extent in the practice of medicine. He was a naturalist and chemist, and devoted the most part of his life to this department of science. He had reached the zenith of his ambition, being honored by the University with the appointment of Professor of Chemistry, which office he filled with dignity and success, when he was cut down as the flower of the field, in the midst of usefulness and the pride of his just matured and developed powers. He was an animated and attractive lecturer, mild and dignified in his demeanor to the class, affable in his intercourse with all, generous and noble in his affections; while it is believed he endeavored to cultivate the Christian virtues during life, as in death he quietly resigned himself in simple faith to the will of Him who called him from earth to heaven.

GEORGE STEWART, M.D.,

was just stepping from the threshold of his early professional life to the more public arena of usefulness, as he too was stricken down, at the age of thirty-seven, and called to his final account. He enjoyed the esteem of his professional friends, the confidence of a large circle who sought his counsels in the hour of sickness and sorrow, and is mourned by those among whom he lived. How true that, "here, we have no continuing city."

We have also to notice the death of

G. W. PATTERSON, M.D.,

of the Northern Dispensary of Philadelphia. He fell a victim of pulmonary consumption, which had for some years past warned him of his approaching end. His urbane demeanor towards all, and particularly his gentle care of the poor who came under his notice at the dispensary, earned for him a name, which, while it may not be ranked among the great of this world, has no doubt

been recorded among the good who inhabit the world above. He was a valuable correspondent of the *Reporter*, and had his life been prolonged would probably have furnished a series of articles on various diseases treated under his official charge. His life was useful; his end was peace.

It will not perhaps be expected of us to say much of

ISAAC PARRISH, M. D.,

whose sudden removal has cast a gloom over a large circle of friends, and, indeed, over the whole community in which he lived. He was too well known and too much valued to be forgotten; and while no words of ours are needed to perpetuate his memory, we may be permitted to record here a simple tribute of fraternal love. He was our brother; and in his earnest devotion to the profession and all its interests, we cannot but remember the kind and fostering care with which he watched even our steps in the early dawn of our professional existence, and freely offered a brother's counsels to guide and guard the reputation, while he presented in his own example lofty principles and generous Christian motives and objects as the only true safeguard to character, and the only means of acquiring honorable distinction. Moved by such impulses, he secured the confidence of the profession, the esteem of the community, the affection of his patients, and that inward peace and joy which consoled him in the hour of death. In life he bore the Christian's cross, and now he wears the Christian's crown.

ON THE TREATMENT OF HOOPING-COUGH.

THIS distressing and frequently fatal complaint has too often been treated empirically by even scientific physicians. Its pathology is undetermined, hence the uncertainty in its treatment. We have once or twice noticed a mode of treatment recommended, we believe, by Dr. R. L. Madison, of Petersburg, Virginia, which is simply the application of a blister to the nucha, on the theory that the disease consists in specific irritation of the spinal cord from the origin of the eighth pair down to the origin of the phrenic nerve. Be that its pathology or not,

Dr. Madison and others in Virginia treat the disease very successfully by the means mentioned above. We learn, too, from an esteemed correspondent, that he also, since seeing Dr. M.'s article, has resorted successfully to the same mode of treatment. Another plan of treatment apparently different from the above has been resorted to successfully by many, and been favorably noticed in this journal from personal experience. We refer to the employment of conium, recommended by Dr. Golding Bird, in the following form: R. Ext. conii gr. xij, alumen gr. xxv, syrup. papaver. f³iij, aq. foeniculi f 3iij. M. S. A dessert-spoonful every four or six hours. And, to confirm Dr. Bird's experience of the efficacy of conium, we find in a French journal the report of several cases in which Dr. Spengler employed *conia*, the active principle of conium, very successfully in the dose of one-fortieth to one-tenth of a grain for children from three or four months to as many years old. We had translated Dr. Spengler's cases for the *Reporter*, but have concluded to dispense with their insertion for the present. Now, how shall we reconcile the action of the two methods of treatment recommended, or can they be reconciled? We think they can. A blister applied to the nucha relieves any congestion of the spinal marrow that may exist there, and thus moderates nervous action on the principle of revulsion. Partial paralysis and numbness are spoken of by writers as having resulted from applying dry cups to the spine. Conium or *conia* taken internally, according to Christison, "acts upon the spinal marrow, directly prostrating the nervous power, and thus producing paralysis of the voluntary muscles, which, invading the organs of respiration, destroys life by arresting this process." Others think that it directly diminishes the action of the heart. The sensation of numbness and muscular debility which follow its administration when given so as fully to affect the system, are, we think, evidences of its action on the spinal marrow. In either case there seems to us to be evidence that the spinal cord is at least indirectly acted upon.

At all events, there seems to be such strong evidence of the utility of both plans of treatment as to render them worthy of trial. Would not the application of dry cups instead of blisters meet the indication as well?

S. W. B.

APPOINTMENT.

We notice the appointment of Prof. *Robert E. Rogers*, of the University of Virginia, to the chair of Chemistry in the University of Pennsylvania, made vacant by the decease of his brother, Dr. James B. Rogers. A good selection.

PROCEEDINGS OF MEDICAL SOCIETIES.

Extract from the Minutes of the Annual Meeting of the District Medical Society of the County of Monmouth, held at Freehold, April 26, 1852.

The President, Dr. Robert Laird, in the chair.

Present eleven members. The minutes of the last meeting were read, adopted, and directed to be recorded.

The President read an address on the Rise and Progress of Medicine.

Drs. J. W. Lewis and R. R. Conover were admitted as members.

Resolved, That two delegates from this Society be appointed to attend the meeting of the American Medical Association at Richmond, Virginia, in May next.

Drs. J. S. English and A. B. Dayton were appointed as delegates. Drs. E. Taylor and Wm. A. Newell were appointed as their alternates.

Dr. A. B. Dayton read a communication on Mollities Ossium.

Resolved, That this Society highly approve of the *New Jersey Medical Reporter* as a journal of medicine, and would recommend it to the patronage of its members.

The following officers were then chosen for the ensuing year: Drs. J. P. Lewis, *President*; R. R. Conover, *Vice-President*; D. Polhemus, *Recording Secretary*; and E. Taylor, *Treasurer*.

The delegates to represent this Society in the State Medical Society for one year were elected as follows, viz.: Drs. J. Vought, J. T. Woodhull, C. C. Blauvelt, and R. W. Cooke.

Dr. Wm. H. Hubbard was admitted as a member of this Society.

The Censors, Drs. J. S. English, E. Taylor, Wm. A. Newell, and D. Polhemus, then organized, when A. T. Pettit, M.D., of

Shark River presented himself, and after an investigation of his credentials, and a full and satisfactory examination of the candidate, received their certificate of the same, upon which he was admitted as a member of this Society.

The Finance Committee made their report, after which the Society adjourned to meet at their usual time and place.

D. POLHEMUS,

Secretary.

EDITOR'S TABLE.

SEVERAL works received since our last are noticed under the appropriate head.

What has become of Dr. Green's work on *Polypi and Edema of the Glottis?* It has not been received. Was it sent to any of our agents? We ask, because we have been informed that a copy was sent.

"*Nelson's Northern Lancet.*" We must respectfully decline any further exchange or communication with this journal until it is prepared to pursue a course different from what it has of late. Month after month we find it filled, in both the editorial and correspondence department, with vituperation and abuse of honorable members of the profession in different sections of the country. We are sorry it has thus forsaken the legitimate path of a journal devoted to the interests and advancement of a benevolent science, and sold itself to a course calculated to degrade that science in the eyes of its enemies. We are sorry, too, to find (admitting the fairness of the *Lancet's* "correspondence" list), that so many have found their way into the profession who, by anonymous communications, are ready to uphold it in so disreputable a course. The loss of such men from the subscription lists of journals legitimately devoted to the interests of science is a *gain* rather than a loss.

We take it that the horde of anonymous contributors to the

Lancet are graduates principally of the University of the city of New York, and hope, for the prosperity of that institution, that that journal is not a "by authority" defender of its acts and doings.

We find a number of Addresses, Announcements, &c., on our table, which go to show that the various colleges are arming themselves for the fall campaign. Would that we felt assured that the bright escutcheon of medical honor would come out of the battle unscathed in the competition that will take place! In the list of requirements of the St. Louis University is the following, which we commend to the favorable notice of the faculties in other colleges :—*

5th. And that he publicly assent to the following promise, prior to the conferring of the degree, viz.:—

" You, A. B., do solemnly promise that you will, to the utmost of your ability, exert your influence for promoting the welfare and respectability of the profession; that you will demean yourself honorably in the practice thereof; that you will not put forth any nostrum or secret method of cure, nor engage in any other species of quackery; and, that you will not publish any matter or thing laudatory of yourself, or derogatory to the profession; and in the conferring of this degree, it is done with the express understanding that the Faculty reserve to themselves the right and privilege to revoke said degree whenever the promise here made shall be violated."

Transactions of the Belmont Medical Society for 1851-52. Belmont is the name of a County of Ohio, and its printed Transactions give evidence of the fact that they have a real live medical society there. We are glad of this proof that our profession has some *working members* in Ohio. In organization and co-operation we have our surest weapons in the warfare with the hydra-headed monster quackery.

Our readers will perceive that we have drawn on the "Transactions" for the pages of the *Reporter*. *

* See an article by Dr. S. S. Brooks, at page 45 of the present volume of *The New Jersey Medical Reporter*.

ECLECTIC AND SUMMARY DEPARTMENT.

Strumous Ophthalmia, connected with Suppression of the Menstrual Secretion—a Case reported to the Belmont Medical Society, January 1, 1852. By DR. JOSEPH HEWETSON.—On the 18th March I was called to see M. A., aged 19, affected with strumous ophthalmia and nebulous opacities of the cornea. She had suffered repeated attacks of inflammation of the eye, which had induced the nebulous opacities occupying the central cornea. It is the nature of strumous affections, to recur frequently, though apparently removed, and, in the present instance, the attack was rather severe; she suffered great intolerance of light; there was considerable redness of the conjunctiva, and fasciculi of congested vessels were seen running over the cornea, and terminating in the opacities produced by former inflammations. Great intolerance of light is considered one of the most striking characteristics of strumous inflammation. In this instance, although the patient was quite willing to open the eye, and submit to the trial, she could not bear the light for an instant—pulse 87, and sharp—tongue slightly coated—bowels constipated. Besides the ophthalmic affection, the menses had been absent for three months: this circumstance, coupled with a rather prominent, respectable state of the abdomen, induced me to inquire whether there might not be some natural cause or other to account for the suppression; but it turned out that my suspicions were erroneous; the suppression, nevertheless, was concerned in the support of the ophthalmic disease, and accordingly received its share of attention.

Treatment.—She was bled from the arm, and submuriatic hydrarg. with tartrate of antimony given, every four hours, till the bowels were freely purged. On the 20th she was cupped on the temples, and placed on milk diet; on the 22d she was again cupped, as also on the 24th and 26th, and she was directed to rub in the tart. em. ointment behind the ears and on the back of the neck. She was subsequently twice cupped, and used active aloetic purgatives, occasionally combined with the submuriate; these means were followed by the return of the menstrual discharge; soon after which the pain and redness of the eye gradually abated, and a cure was effected.

Remarks.—First. It is a very common doctrine that scrofulous affections are diseases of debility, and that in their treatment the object should consequently be not to depress but to strengthen. Among the poor, and those that are continually exposed to the depressing causes, insufficient or noxious food, and the want of necessary clothing, there are certainly not a few cases of strumous ophthalmia, which to a certain extent sustain this opinion; but on the other hand, there are many instances of the disease, in which, at the same time, the causes are different, and an opposite treatment must be observed. Again, in the treatment of scrofulous inflammations, the counter-irritant practice is often of special service. In the natural course of these diseases, we find that on the retrocession of one inflammation another appears; that when a second part becomes affected, the first is relieved. The mode of operation by counter-irritation is thus sufficiently explained. And lastly; the return of the menses, followed with the gradual abatement of the pain and redness of the eye, shows that the suppression of the menstrual secretion was connected with the ophthalmic disease.—*Trans. Belmont Medical Society.*

VOL. V.—30

[We take the following "Rules" from an able review on the subject of Anæsthesia, which we find in that able and well-conducted Quarterly, the *British and Foreign Medico-Chirurgical Review*, republished in this country by S. S. and W. Wood, 261 Pearl Street, New York.]

Anæsthesia; the General Indications and Contra-indications to their Use.—Anæsthesia is generally indicated wherever there is much pain or great muscular resistance to be overcome. By overcoming pain, it has caused many operations which used to be as rarely performed as possible, to come more in the way of the surgeon: the removal of nails, and the operation of the actual cautery, need no longer inspire horror to the operator or to the patient. With the view of removing muscular resistance, its use has become general in the reduction of dislocations and the operation of the *taxis*.

The observations of M. Bouisson appear to us here, on the whole, so just and so truly eclectic, worthy in that respect of the reputation for critical talent which the school of Montpellier has long enjoyed, that we shall follow his exposition pretty closely. He commences by remarking, that the sources of the contra-indications to the use of anæsthetics are very numerous and various, although the sum of cases in which these agents ought not to be used, is very insignificant in proportion to the immense number in which they can be employed with perfect safety and advantage. He recommends that anaesthetic agents should not be used before the expiring of the first six months of life; and that only ether should be given up to the second year, reserving chloroform for the epoch when the vital powers have acquired more energy; and, for a similar reason, he prefers the former agent after the seventieth year. He would, then, only employ ether up to the eightieth year, at which he considers that anæsthesia ceases to be applicable in any shape; not because there is absolute danger in departing from these general rules, but more prudence in obeying them. With regard to morbid states:—

"Diseases of the nervous centres, and of the lungs and heart, contra-indicate the employment of anæsthetic inhalations, when the physical or functional lesion is advanced to a certain degree. This degree can only be determined by the sagacity of the practitioner. A simple catarrh would not oppose the practice; but it would be dangerous to have recourse to it in phthisis, with spitting of blood; a slight hypertrophy of the heart would not be a sufficient contra-indication: but anesthesia should be renounced if the heart-affection were accompanied with irregularity and intermittence of the pulse. A recent nervous affection, far from being aggravated by etherization, might be ameliorated; an old nervous affection with a tendency to syncope, might be a source of the greatest danger. It must be understood that the appreciation of these differences is the province of the operator. Here we can only establish some general principles.

"Ether, then, and especially chloroform, should be renounced in the following cases:—

"1st. In patients extremely weakened by hemorrhage, or by a spontaneous chlorotic anæmia.

"2d. In epileptic patients, and hysterical persons with weakened constitutions.

"3d. In individuals who appear very much disposed to cerebral congestions, or who have softening of the brain.

"4th. In those who are very subject to fainting fits.

"5th. In such as are disposed to hæmoptysis, or to pulmonary apoplexy.

"6th. In those who have organic lesions of the heart and great vessels, with feebleness and intermittence of the pulse."

We would add, those who have *very great dread* of the anaesthetic influence; since in some of the fatal cases, and in the one which recently occurred at Strasburgh, this appears to have been present.

How far we are to be guided by contra-indications will depend, not merely on the extent to which these exist themselves, but also on the nature of the operation to be performed. It would be absurd to run the same risk, for the sake of saving a patient from the pain felt in the extraction of a tooth, that it would be right to run in amputation of the hip-joint! Thus, we have a sort of compound relation to consider, between the benefit to be received and the probable danger incurred.

As far as regards the circumstances in the operations themselves, which may influence our use of anaesthetic agents, M. Bouisson ranges them under the following categories:—

1st. Operations which are of short duration, and where the pain to be endured is trivial.

2d. Operations which require the active participation of the patient. For example, in several operations on the anus and rectum, the surgeon is assisted by the efforts which the patient is desired to make, and by the attitude which he maintains, as in excising or tying internal piles. In the extraction of foreign bodies, also, which have penetrated into the tissues, it is often useful for the patient to take a posture similar to that which he had at the time of the accident.

3d. Operations where the sensibility serves as a guide to the operator. Some objections have been made under this head without sufficient foundation. M. Lallemand, for instance, expressed his fears that in tying arteries a neighboring nerve might be included in the ligature, on account of the absence of the usual sensation during the anaesthetic state. But there are few arteries where such a mistake is likely to occur; perhaps the only one being the subclavian, on account of the numerous nerves of the brachial plexus surrounding it, and its liability to anomalies of position. Lithotrity has with more reason been enumerated as subject to the objection, on account of the possibility of piercing the walls of the bladder without the consciousness of the patient. On the continent, the opinions of surgeons have been much divided on this point. According to M. Leroy d'Etiolles, etherization is specially beneficial in lithotrity, when the calculus is contained in a bladder whose walls are enlarged, and whose muscular fibres are thickened, and, as it were, embrace the stone. Here anaesthesia, he thinks, promotes a relaxation of the walls, and, by disengaging the stone from pressure, renders it more easily seized. But in such bladders we are also more liable to pierce the walls by the instruments used. M. Serre, of Montpellier, for this reason and others, opposes the practice of anaesthesia in this operation; and relates the case of a custom-house officer, who had already been subjected to lithotrity, upon whom it was impossible to operate under the influence of ether, but who was successfully operated on afterwards when not etherized. On the other hand, M. Bouisson mentions the case of a female, in whom there was much general nervous excitement and irritation of the urinary passages, and in whom anaesthesia was employed during the operation of lithotrity with obvious benefit. And M. Amussat has given the cases of several old men who had severe attacks of cystitis, after lithotrity had been performed without ether, and were free from any such affection after having been etherized in other operations. In this country, also, opinions are divided on this subject. Dr. Keith, in a communication on the *Edinburgh Monthly Journal*, where he reports an interesting case of lithotrity, says—

"The influence exercised by the chloroform was altogether beneficial. Usually, the sphincter of the bladder is so tightened by the patient's fears

and struggles, that the movements of the instruments are very much impeded, the delicacy of touch needful in detecting small fragments quite destroyed, and a painful resistance offered to the withdrawal of the instrument, especially if that chance to be a scoop well filled with the debris of the broken stone. But under chloroform, fears are at rest, the bladder insensible, and the sphincter quite relaxed.*

He proceeds to refer to other advantages. At a meeting of the Medico-Chirurgical Society, when Dr. Keith read his paper previous to its publication, Mr. Syme is reported to have said, that he "feared the consequences likely to result from the performance of lithotomy on insensible patients by operators less expert than Dr. Keith;" and from a recent communication in the *Lancet*,† we find that he still retains this opinion. In general, it may be remarked, lithotomy is not a very painful operation; sometimes anaesthesia may be useful in injecting the bladder, and introducing the apparatus where there is much irritation, but the chief pain is encountered during the expulsion of the fragments.

4th. There are some few operations where the object is the production of pain. Such are the cases in which moxa or other means of counter-irritation are used, in order to rouse the sensibility of the spinal cord or of the limbs, not simply to produce inflammation.

5th. Operations performed in cases where there exist previous causes of torpor and insensibility. In the operation of trepanning, for instance, the patients are often plunged in coma, or nearly insensible to pain; in such cases it would be, to say the least, superfluous to have recourse to anaesthesia.

The Radical Cure of Reducible Hernia, by Injection. By JNO. WATSON, M.D.—I do not propose just now to go into the whole merits or demerits of this operation, a task which has been assigned to other hands, and which has already been in some degree achieved, by one of the Committees of the American Medical Association (see their report in the Transactions for the session of May last). My only object is to give the details of a single case treated in this way, in connection with such hearsay information as I have been able to collect concerning the operation in other quarters.

The procedure now under consideration, if I am not mistaken, was first brought into notice through an irregular channel, by a certain Industrialist, of New England. But the first notice I remember to have seen of it, was in Professor Pancoast's *Operative Surgery*. In July, 1848, my attention was for the second time called to this subject, by a gentleman under my care for the treatment of varicocele, who, a year or more previously, had undergone an operation for the cure of a reducible hernia, by what he described as a trifling process, and with complete success. He spoke of it as a simple puncture, which subjected him to very little uneasiness; and assured me that he was cognizant to the cure or relief of other individuals, who had been treated like himself, by a practitioner of Boston. I subsequently ascertained, that the instrument with which this individual operates, had been prepared by a cutler of this city; but on inquiry I found that it had been patented by the operator, and was, consequently, to be used only by himself. As I had made inquiry for it, with the view of employing it on a case then in hand, I could not but feel indignant that any practitioner claiming to belong to the regular profession should have thus prostituted his noble calling to mercenary ends; but believing that no special form of patent instrument is essential for the making of a puncture, or for introduc-

* Edinburgh Monthly Journal of Medical Science, April, 1848.

† Lancet, Jan. 31, 1852.

ing an irritating fluid beneath the integuments through this, I attempted in my own way to get along without it, as in the following case:—

Joseph A. Seavell, of Ohio, seaman, aged 31, was admitted into the New York Hospital, Nov. 24, 1851, with a large inguinal hernia, occupying the left side of the scrotum, which had been then protruding for several hours, and had resisted several well-directed efforts for reduction. The patient for the last four years had been occasionally troubled by the protrusion, but had never before been baffled in his efforts to reduce it; and by the use of a truss he had been able to follow his regular occupation. With some little trouble the tumor was reduced by taxis, soon after his admission; and on the 29th of November, having explained my object to the patient and obtained his consent, I attempted to effect a radical cure of the hernia.

While the patient was lying on his back, with his scrotum and left spermatic cord drawn slightly towards the right side, and with the integuments over the left external abdominal ring slightly on the stretch, I introduced the point of a delicate bistoury through the integuments, directly down to the crest of the os pubis, the point of the instrument touching without dividing the lower termination of Poupart's ligament, and made to work freely in the loose tissue immediately in front of the ring, but without wounding the spermatic cord. Having made the puncture and withdrawn the bistoury, the nozzle of a small syringe charged with tincture of cantharides, was introduced through the wound, and about a drachm of this fluid injected into the bottom of the cut, the hand of an assistant, in the meanwhile, resting firmly over the inguinal canal to prevent any portion of the injected fluid from entering this, or passing through the sac into the abdomen.

The whole procedure was the work of a few seconds, and gave the patient little or no uneasiness. I next applied a compress and spica bandage, to keep the parietes of the inguinal canal in close apposition, and administered an anodyne, keeping the patient on his back, with directions to apply an evaporating lotion, should severe inflammatory symptoms supervene.

In a few minutes after the operation, he began to speak of pain from the injection. The sore became more troublesome, and extended for several inches in every direction, but was severest along the ascending track of the spermatic cord. He slept but little during the following night; but next morning the pain had subsided, a slight soreness only remaining in the part. The patient was at the same time suffering from chancres. I made the treatment of these the pretext for keeping him on his back with the compress and bandage applied as above, for several days. He spoke of no uneasiness from the operation after the second day. On the 12th of December, he was walking about without his truss, and with no apparent tendency to a recurrence of the hernial protrusion. On the following day, being desirous to join his vessel which was about to sail for South America, he requested his discharge, promising to write to me, and report the further progress of his case, should the swelling reappear—and, if possible, to report in person, at the close of his voyage. But, as yet, I have not heard of him.

The operation in this instance had evidently a beneficial effect, and I am not certain, that it may not have effected a permanent cure. I am not disposed to believe that any portion of the injected fluid entered the hernial sac; but by exciting inflammation around this within the column of the external ring, and the subsequent condensation of tissues, which is so apt to follow acute inflammation, we can readily imagine that this procedure may, now and then, effect an object which we have hitherto sought in vain to effect by other and severer measures.—*New York Medical Times*, August, 1852.

Nævus of the Scalp treated by Tartar Emetic.—Anne Shellard, aged nine months, was admitted into the Queen's Hospital, under the care of Mr. Sands

Cox, February, 1851, on account of a nævus situated over the right parietal bone, about the size of a half-crown piece. The mother stated that a slight discoloration of the scalp was observed at birth; that it remained stationary for some time, but eventually began to increase, and had during the last two months attained its present size. There was no pulsation evident in the tumor, which was of a bluish cast, and slightly raised above the adjoining integument. The child's general health was good, and all the functions regular; but a branch of the temporal artery was enlarged, and could be traced almost into the diseased parts. On the third day after admission, Mr. Sands Cox ordered the potassio-tartrate of antimony to be applied, which was accordingly done. In two days, the application having been several times repeated, the whole of the discolored portion was converted into a pustular mass, and this with but little or no inflammation or irritation of the scalp. Poultices were now applied, and in the course of a week there was a healthy granulating surface, which cicatrized entirely three weeks afterwards. The patient left the hospital without any appearance of returning disease, and some time after continued quite well.—*Prov. Med. and Surg. Journal*, from *Southern Medical Journal*, August, 1852.

[The following extract from a foreign Journal, which we find in the *Medical News*, shows that the "furunculoid epidemic," which has been so prevalent in this country for the past two years, is also very prevalent and even fatal on the other side of the Atlantic.]

The Prevailing Furunculoid Epidemic.—Mr. HUNT read a paper on this subject at a meeting of the Epidemiological Society, July 5, 1852. This epidemic consists of an eruption of boils, carbuncles, whitlows, pustules, and superficial abscesses. The object of the author (who undertook the task at the special request of the president) was to call the attention of the Society to the existence of such an epidemic, and to show that it was sufficiently important to call for investigation. He first described the epidemic as he had seen it in his own practice; and then alluded to the historical notices of its existence to be found in the periodicals, and to the accounts which had reached him, in various ways, from all parts of the world, from which it appeared that it had occurred simultaneously in the four quarters of the globe. He had traced it to many towns and counties of England, both inland, and on the coast—to the Isle of Wight, to Scotland and Ireland, to France and Austria, to the East and West Indies, to the United States of America, and to the south of Africa. It appeared likewise that the epidemic, although it had spent its strength chiefly on the asthenic portion of society, had attacked also a few individuals of all classes; and that all kinds of eruptive diseases were showing a remarkable tendency to pustulation and suppuration of an asthenic character. The author had not been able to ascertain the proportion of the population affected; but, from the facts adduced, there appeared reason to believe that not much fewer than twenty per cent. were more or less affected with it. At the Western Dispensary for Diseases of the Skin, twenty-one per cent. were attacked—two per cent. with carbuncles, eight per cent. with boils, nine per cent. with pustules, two per cent. with subcutaneous abscesses. The onychian form of the disease had not presented itself so frequently of late. The author then endeavored to trace the progress of the disease, by the exhibition of tables showing the deaths from carbuncle in the Metropolitan Districts, extracted from the annual and weekly reports of the Registrar-General for the last twelve years, from which appeared the following very remarkable results:—

Deaths from Carbuncle in the Metropolitan Districts from 1840 to Midsummer 1852.

1840, '41, '42, '43	average 3½ per annum.
1844, '45, '46, '47	" 8 "
1848, '49, '50, '51	" 18 "
Last quarter of 1851, 9 deaths	rate 36 "
First quarter of 1852, 16 deaths	" 64 "
Second quarter of 1852, 5 deaths	" 20 "

Single Years.

In 1846 were registered	3 deaths.
1847 " 15 "	
1848 " 20 "	
1849 " 15 "	
1850 " 19 "	
1851 " 19 "	
1852 (six months) 21 "	

Single Months.

In January were registered	8 deaths.
February " 4 "	
March " 4 "	
April " 3 "	
May " none.	
June " 2 "	

These tables show that the deaths from carbuncle have been doubled every four years since 1840, and that the increase commenced rather suddenly, so early as the year 1847. The epidemic appears, therefore, to have existed in London four years, and to have arrived at its full height in January, 1852. Other diseases tending to pustulation and superficial suppuration, were shown to have also prevailed in a most extraordinary degree. Thus the deaths from phlegmon were reported to have nearly trebled their usual number during the last few years; and the fatality from smallpox and pustular diseases has likewise been nearly trebled of late; in the years 1840, '41, '42, and '43, having averaged 771 per annum, and in the last three months amounting to 472, or the rate of 1888 per annum. Mr. Hunt expressed his belief in the existence of some analogy between the two epidemics, which he could not attempt to explain. He concluded by suggesting a mode of fortifying the system from the invasion of the carbuncular cachexia.

Lemon-Juice in Acute Rheumatism. By T. D. LEE, M. D., of New York.
CASE I.—William Coleman, fifty-one years of age, has had frequent and severe attacks of acute rheumatism for the last fourteen years.

April 30, 1852.—Patient has not been able to remove from his bed for the last four weeks; and he is unable to sleep by night on account of acute pain; his hands, knees, and feet are very much swollen; and he is constantly growing worse. Patient has heretofore had attacks which have lasted three or four months. At 8 o'clock, P. M., patient commenced taking lemon-juice, fresh from lemons; a tablespoonful in twice the quantity of cold water with a little sugar, every hour.

May 1, 9 o'clock A.M.—Patient sitting up endeavoring to shave himself. Says he feels better in every respect, and has slept quietly for four hours,

which he has not done before for four weeks. Has taken six ounces of the juice. Same regimen to be continued as before.

2d. 9 o'clock A. M.—Patient has slept well during the night, and is sitting up eating his breakfast. Six ounces taken. Says "lemon-juice goes right to the spot."

3d. A. M.—Free from pain, and only complains of soreness in his feet. Same quantity as before.

4th. Still improving, having taken six ounces regularly.

5th. Comfortable, and taking the same quantity of lemon.

6th. Doing well, still taking the same quantity of lemon, having no disposition to leave it off.

7th. Patient is able to walk about his room, and does not speak of any pain. Lemon continued.

8th. Patient complains only of weakness in walking. Lemon-juice discontinued, not having disagreed with the stomach or bowels in the slightest degree.

9th. Patient sleeps well by night; has a good appetite, and is fast gaining strength.

10th. Patient is only waiting for fair weather to go out.

CASE II.—Mrs. P., seventeen years of age, has had frequent attacks of acute rheumatism for the last seven years. She is affected with enlargement of the heart. Patient is confined to her bed, and is unable to move or sleep on account of the severe pain she suffers; and wishes to have something prescribed to make her sleep. Patient was advised to try lemon-juice for twenty-four hours, before using any other remedy; to this she assented. Remedy commenced at 10 A. M., as in Case I.

May 2d. Patient has slept well, and has much less pain and soreness.

3d, 4th, and 5th. Improving. Continue lemon as before.

6th. Free from all appearance of the disease. Lemon discontinued.

7th. Patient walked out. Continues free from the disease. In this case, as in Case I., there appears to be a flexibility of the joints, unusual in recoveries after other modes of treatment.

In a third case similar to Case I., the lemon appeared to be equally beneficial. In two other cases, one subacute, the other chronic in type, the lemon-juice had an equally good effect.—*N. Y. Journal of Medicine.*

On the Action of the Ergot of Rye, and the Employment of its Aqueous Extract, in Internal Hemorrhage. By Dr. ARNAL.—Dr. Arnal, as the result of extensive clinical and experimental observation, states that the aqueous extract of the *secale cornutum* possesses great power as an haemostatic in internal hemorrhages. From his experience in employing it, and from numerous experiments he has made upon poultry, by giving every variety of preparation and dose of the ergot, he comes to the following conclusions:—

1. The ergot of rye contains a poisonous principle, productive of death, but by no means so energetic as usually represented.—2. Given in the entire grain it acts much less energetically than when powdered.—3. Recent ergot does not act more efficiently than older; but, on the contrary, this last is sometimes the more active of the two. In order to produce a *summum* of effect, it is necessary for it to undergo, in the vessels in which it is kept, a peculiar change, which softens it, and imparts to it an odor *sui generis*. Thus it should not be ordered to be powdered just before using.—4. Much greater effect is produced by a certain quantity, in fractional doses, than when given only at twice, probably because less escapes the influence of the digestive organs; one of the effects of divided doses is to produce a loss of

feathers; but in all his numerous experiments, both with large and small doses, Dr. Arnal has never met with anything analogous to the dry gangrene, said to be produced by ergotism in man; but which, seeing that ergot exerts a fluidifying effect upon the blood, he is disposed to attribute to other causes.—5. The ethereal oil of ergot has not proved fatal in his experiments as it did in those of M. Bonjean, and he attributes the issue of these latter to the fluid having entered the air-passages, when it proves rapidly fatal.—6. The watery extract does not contain poisonous matter, or it does so in such small proportions as to prove injurious only after prolonged use. The toxic principle thus insoluble in ether or water, is found in the residue, which kills animals just as the ergot does.—7. The ergot, however given, is very slow of digestion: and when given in excess, it produces lesions of the digestive organs. Some of these are found on *post-mortem* examination to resemble precisely those observed in typhoid fever, and the author exhibits a parallel of the symptoms of typhoid and poisoning by ergot.—8. The ergot modifies the composition of the blood, rendering it more diffuent; and if exhibited long enough, in divided doses, it will induce all the symptoms of scorbutus. Nutrition especially suffers from its deleterious action, as is seen by the rapid emaciation that takes place in the animals to which it is given. The aqueous extract exerts a much less modifying power upon the composition of the blood, than do the other preparations.—9. The ergot, in experiments made upon man, reduces the pulse by several beats for some hours; but even by repeated doses, Dr. Arnal has never known these reduced lower than forty-eight, even in the aged.—10. The beneficial effect which ergot exerts upon uterine hemorrhage, has led many to believe that its action is elective, as regards the uterus; but in thirty cases of other internal hemorrhages, in which the *aqueous extract* has been administered by the author, a cure has been effected, or, when the presence of organic disease prevented this, amelioration has been procured. It is, however, not so applicable in all forms of hemorrhage as in uterine. It is rare for active, idiopathic hemorrhage to resist its action for more than twenty-four or forty-eight hours; but when this has become passive, the remedy may even prove mischievous if it be continued too long, or the dose be too large. It is also inefficacious in subjects originally feeble, or exhausted by protracted disease. Even in subjects of good constitution, when given too long in large doses, it may produce bleeding of the gums, and an injurious depression of the circulation. In hemorrhage symptomatic of organic lesion, the ergot acts as a haemostatic, but cannot prevent the return of the bleeding. Yet in the case of hemoptysis, dependent upon tubercle, it may act beneficially, not only by suspending or moderating the *molimen hemorrhagicum*, but also by moderating the inflammatory action of the portion of lung surrounding the tubercular deposit. In the same way, it has proved of constant service in acute bronchitis; and in pneumonia it has rapidly suppressed bloody expectoration, and moderated other symptoms. So well does the author think of it in this point of view, that when the patient's strength requires husbanding, and the pneumonia is not too extensive, he recommends commencing the treatment with the ergot, which, by its deoxidizing agency on the blood and retarding power over the heart's action, is an antiphlogistic, *par excellence*; the debilitating effects which attend other means being either not produced by it, or, if they should present themselves, ceasing on the discontinuance of the remedy. M. Arnal believes that the experiments of arresting traumatic hemorrhage by the local application of the extract, so favorably reported on by M. Bonjean, require repetition and extension to larger vessels.—11. Ergot in its native state is more active in its operation, but its watery extract is less dangerous.—12. M. Arnal takes the present opportunity of confirming the favorable accounts he formerly gave of the utility of

the extract in *chronic engorgements of the uterus*. Some of these cases, however, require a very prolonged perseverance in the use of the remedy.

Eighteen cases of haematemesis, epistaxis, haemoptysis, &c., &c. are related in illustration. The following is the formula prescribed: Lettuce water $\frac{3}{4}$ iv; gum-syrup $\frac{3}{4}$ ss; aqueous extract of ergot 15 grains. A tablespoonful every hour and a half.—*Brit. and For. Med.-Chirurg. Review.*

Scientific Medicine.—We are almost daily excessively annoyed by hearing the term Allopathy applied by physicians to what is termed sometimes the regular practice, and which should with more propriety be denominated Scientific Medicine. It ought to be known that this term is an invention of the enemy, for the purpose of placing scientific medicine in the position of a sect or section of medicine. By doing this, relative importance is given to what are claimed to be distinct systems in opposition to it. Now it is well known that the term Allopathy is not expressive of any *acknowledged* medical creed or belief among scientific physicians. It is a designation placed in our mouths no more applicable to us than the term homœopathy. Scientific medicine knows no such narrow boundaries; it is broad and expanded enough to embrace all medical truth within its ample fold. No resort need be had, in the investigation of medical knowledge, to any such appellations. They are clap-traps for the purpose of elevating quackery and degrading science. These pretended systems, to which distinct names are given, are merely *excrescences* on the body medical, without any adherence to the opinions expressed in their titles. They should be treated as such, as malignant parasites, whose object is to imbibe vitality from the main trunk, while professions of a distinct existence are held out to the public. They are only of value to scientific medicine in their decay, when they may result in adding something to it by exhibiting, perchance, a few positive and negative facts in the field of experience which, if valuable, will be absorbed by the profession. The garden of medicine may occasionally be enriched in this way by the decay of a noxious vegetation, which, during life, dared to raise its deformed specimens even among the choicest flowers, and claim a transient equality, by nominal rank, as genera and species in the same kingdom of nature. We hope the term scientific medicine will be adopted instead of one intended and calculated to degrade us; it is expressive of our creed, and therefore the most proper appellation, which is a sufficient reason for its use, to the exclusion of all others.—*Editorial in Western Lancet.*

[The following article contains some very sensible remarks on an important subject, which, though familiar enough, probably, to our readers, may have the effect of inducing them to do again and again what they no doubt have very often done already—caution mothers and nurses with regard to some of their mistaken notions on the management of infants.]

Management of Infants. By M. A. SAWIN, M. D.—I wish, through the pages of the Journal, to offer a few remarks upon the treatment of infants, being convinced that wrong management not only does much to swell the fatal list of infantile mortality, but that many of the diseases of after life may be traced to this prolific source. While statistics show that upwards of one-third of the human race die before reaching the age of three years, I think all will agree that it is a subject worthy the attention of each, and especially of the medical profession.

Some of the abuses to which infants are subjected have become so much a matter of custom, that a nurse will take it as an insult to her judgment,

and an innovation upon her rights, to suggest any alterations. No sooner is the little sufferer ushered into the world, than every device that perverted judgment can invent is put in requisition to hasten it away. Some stanch advocate for the new doctrine of hydropathy recommends the cold bath, with the sage remark that it will make it "robust and hardy." Accordingly the little delicate thing receives a cold bath, which suddenly checks the determination of blood to the surface, and sends it back in a powerful current to those delicate organs which are just commencing their feeble efforts to establish a separate existence. The pulmonary arteries, just opened to the sanguinary fluid which rushes through their tubes in torrents to be aerated, are ill calculated to resist this engorgement, and the child is in imminent danger of asphyxia; the internal organs are overwhelmed with an excess of blood, and congestion, irritation, and serious functional derangement are often the result. Then, as though nature was not fully competent for the performance of all her duties, she must be assisted with castor-oil, magnesia, molasses and water, or some nauseous drug, to cleanse the stomach and bowels, thus strengthening the foundation already laid for gastric and intestinal irritation, which is nearly certain to follow.

If the child is restless and fretful under this treatment, it is then surely hungry, but it must by no means be put to the breast, its proper and natural source of nourishment, until the third day. Oh, no! it must be fed with milk and water, arrowroot, or something of the kind; and if this does not quiet it, it will probably get some paregoric, or perhaps some laudanum, which will deaden its sense of pain, and produce the quiet of narcotism.

This is no exaggerated picture. That the infant is often subjected to all these abuses within the first twelve hours of its existence, is a well-known fact.

The dress of infants, also, in my opinion, deserves attention, as being a fruitful cause of infantile diseases. The absurdity of the practice of exposing the neck and arms, during the cold months, must be manifest to every one who gives the subject thought; and who can doubt that many diseases are the direct result of this exposure. The mother thoughtlessly yields to fashion's arbitrary sway, and permits the whole thoracic region of her infant to be exposed to changes, to which she could not submit herself with impunity. And what wonder that the babe has croup and its attendant train? Is it not reasonable to suppose that bronchitis, laryngitis, and phthisis pulmonalis, are frequently but the development of germs sown at this early period? Some mothers seek to amend their folly by keeping the infant carefully wrapped in a blanket; but this is always an objectionable article of dress, not only that it confines the limbs, and prevents their free use and development, but that it is too easily and frequently thrown aside, and the child, perhaps reeking with perspiration, is exposed to atmospheric changes which can scarcely fail to have an injurious effect upon its health.

This is a progressive age, and reformatory measures of every kind are agitating the community. The more rational treatment of infants is one which ought to find response in every mother's heart; for many have laid their children in the tomb, the innocent victims of fashion and mismanagement. I hope the time is not far distant when fashion will give place to wisdom and common sense, and mothers will provide their infants with dresses of soft white flannel, made in such a manner as to cover the neck and arms, at least six months in the year, and will think it quite as becoming and lovely to see them dressed comfortable and healthful, as to see their little chests exposed to the vicissitudes of our northern climate, with castor-oil, magnesia, and hive-syrup in perspective.

I have never sympathized with the advocates of "Woman's rights,"

except so far as her educational rights are concerned; but if I can say anything in defence of babies' rights, which will ameliorate their condition, and lessen the amount of infantile mortality, I shall feel that I am contributing something to the progressive reforms of the age.—Boston Med. and Surg. Journal.

[The following details of a case in which tracheotomy was performed for the relief of epilepsy, was read before the College of Physicians of Philadelphia by JOHN NEILL, M. D.]

Operation of Tracheotomy in an Epileptic.—The views of Marshall Hall, which have lately appeared in the English journals upon the subject of epilepsy, have probably fallen under the notice of most of the Fellows of the College.

Every investigation of a malady so distressing, and of which so little has been known of its pathology, must be hailed with pleasure by every practitioner of medicine. Especially will this be so, when so high an authority upon affections of the nervous system advances views not only as to the nature of the disease, but also practical deductions of the highest importance.

Dr. Marshall Hall says: "This question of the application of tracheotomy in the preventive treatment of epileptic convulsion, is one involving high principles in physiology.

"As I have stated, I believe few will hesitate to perform the operation of tracheotomy, as the present remedy, when there is, from apoplectic laryngismus, imminent danger to life. But the question remains—are we justified in performing this operation in cases of epileptic and other convulsions, as a preventive of future evil? Are the somewhat remoter danger to mind, and limb, and life, and the hope that whilst the faculties are spared the patient may be rescued from the susceptibility to the attacks, the *dignus vindice nodus*, a sufficient motive for adopting this measure in its more continuous mode of a tube worn in the trachea. After having witnessed the dire circumstances and effects of the frightful maladies more than any man, of epilepsy especially, I unhesitatingly say, yes! I regard the melancholy condition of the patient as justifying the heroic remedy. The case may be violent and frightful in any degree. In what precise case tracheotomy is justifiable I do not pretend to determine. It is a matter of pure *moral* calculation and choice in regard to the terrors of the malady on one hand, and of the remedy on the other. Epilepsy may occur in the slightest form of mere transient oblivion, and it may occur in the gravest form of sudden and violent convolution, dashing the patient to the ground, into the fire, or into the water, and followed by coma or apoplexy, delirium or mania, paralysis, amentia.

"The former of these attacks may be designated the *epilepsia mitior*. It comprises all that is short of laryngismus, affections of the senses, as muscae, tinnitus, the odor of musk, aura, vertigo, oblivion, confusion, loss of consciousness, nutatio, falling, various spasmoid affections of the face, the eyes, the extremities.

"Then comes laryngismus, laryngeal dyspnœa, perhaps perfect closure of the larynx, with violent efforts of expiration. This, with all the other links of the dreadful chain, constitute the *epilepsia gravior*; all that is on *this* side of the laryngismus must be unaffected by the operation of tracheotomy; all that is on *that* side of this laryngismus will, I trust and believe, be prevented by its efficient institution. By tracheotomy, the *epilepsia gravior*, or the 'grand mal,' is converted into the *epilepsia mitior*, or the 'petit mal.' If this, my hope, be realized, I shall deem the event a great victory achieved by physiology or theory over mere observation, and especially by that of the diastaltic nervous system, of which it is an application.

"I may now observe, in conclusion, that I have on several occasions stated that, if tracheotomy were performed, and a tube worn in the trachea, the epileptic, the puerperal, or the infantile convulsion would be prevented, with its dire effects."

In accordance with these views I operated upon a patient of Dr. Shelmerdine, in Spring Garden, under whose care he had been for about one year, and who had tried all the ordinary modes of treatment. The following are the particulars of his case:—

John Blume, aged 29, of five feet eleven inches in height, and weight about one hundred and sixty pounds. His appearance was healthy, and he had no deformity of the throat.

His first fit occurred nine years ago, and was not referable to any particular cause by his family. He was not subject to them in childhood, although his brother had died of epilepsy.

The frequency of the paroxysms gradually increased, and for the last year he has been unable to attend to any business.

His mind has been so affected by the disease that he has frequently mistaken his way home, and often gone into the neighbors' houses for his own.

His mother and wife informed me that during the last six months he would have an attack at least every other day, but occasionally would have as many as fifteen or twenty during the day.

Life had become a burden to him, and he feared to leave his home.

His physician tells me that on the first occasion of his being called to him, he was laboring under most severe congestion of the face and neck, producing great lividity and complete insensibility; and that, in all of the subsequent attacks, difficulty of breathing seemed to be prominent.

The patient himself remarked to me that, immediately preceding his attacks, he frequently experienced a sense of constriction about his windpipe; and his friends and family confirmed the idea, that the severity of the attack was proportionate to the difficulty of breathing.

When the operation was proposed, and its nature explained to him, he was anxious for its performance, and had great expectations of its relieving him.

The operation was performed on the 11th of March last, in the presence of Drs. Shelmerdine, Marshall Paul, and Hollingsworth.

His neck was long and well adapted for the operation. The incisions were made in the usual way, and the only points worthy of remark were, that the sterno-hyoïd muscles, from frequent spasmoid contractions, were thicker than usual; and that the isthmus of the thyroid gland was so large and broad as to cover the first three rings of the trachea.

The hemorrhage was not so troublesome as might have been expected; care was taken to tie the inferior thyroid vein, and no irregular artery was met with after the trachea was exposed. A piece of about three lines in breadth was removed from the middle of the fourth ring of the trachea, and the fifth ring also was divided in order to accommodate more accurately the tube which had been provided, which was of the ordinary form of the instrument shops.

The introduction of the tube produced but little irritation and coughing, his voice was not in the least affected; but the trachea was smaller than usual, and the wound becoming so very deep after the division, that I had constructed tubes of various angles and length corresponding with the depth of the wound. (Specimens of the tubes were exhibited to the College.)

He slept but little the first few nights after the operation, and seemed unwilling at first to trust himself in a recumbent position; but as the wound healed around the tube he became comfortable, and had nothing like a re-

turn of his complaint until the *thirteenth* day after the operation, which tendency to an attack he attributed to his removal of the tube; he had taken a slight cold, which made the tube disagreeable on that day, and he thought he would risk the night without it. The spasm was slight, and he did not lose his consciousness. About *two weeks* after this he was threatened with an attack of which he was conscious, and mentioned the fact to his mother, who immediately removed a temporary plug which he introduced in the orifice of his tube to prevent a whistling noise accompanying respiratory movements. Upon the removal of the plug the symptoms disappeared, his breathing was comfortable, and he felt much encouraged. He began to appreciate the object of the operation, and fully believed that the means to mitigate the severity of his attacks was the removal of the plug, and that the disease was under his own control.

He made arrangements to renew his business, and walked about the streets in the confidence and consciousness of a strength of mind and purpose which he had not experienced for a long period.

Unfortunately for him, however, he was again seized on the evening of the 2d of May, with symptoms of another attack. His physician was sent for, who removed the tube and cleansed it; after it was replaced the patient felt easier, but was not completely relieved. In the middle of the night he had a most violent attack, and died almost instantaneously. His physician was not with him when he died, and the family would not permit a *post-mortem* examination of any part of his body but his throat. Dr. Shelmerdine merely examined the cicatrix around the wound and the trachea. The parts had consolidated around the tube, and the trachea was perfectly healthy.

I report this case to the College in order that they may form their own judgment upon the theory and the treatment of Marshall Hall. Few cases have as yet been reported where this operation has been performed, and I believe that this is the first case in this country in which the trachea has been opened, and a tube worn, in order to mitigate, if not prevent, attacks of epilepsy.

And, although this patient died, I still think favorably of the operation, and under the same circumstances would perform it again. His death was in no way attributable to the operation, and, had not the operation been performed it might have occurred at a still earlier period. I regard the mitigation of the attacks with which he was once threatened, and moderation of the symptoms, as more satisfactory than if there had been no approach of an attack, for then the entire absence of the complaint might have been attributed to the shock made upon the system by the operation; and this operation would have demonstrated nothing more than tying the carotid artery, after which, and other violent shocks, patients have been free from attacks for a long period.—*Transactions of Coll. of Physicians of Phila.*

On the Bite of the Rattlesnake. By S. W. Woodhouse, M. D.—I received a letter from my friend Lieut. J. C. Woodruff, in which he said that you would like to receive an account of the bite of the rattlesnake, and its treatment. The only case that has fallen under my observation was unfortunately that of myself; this occurred whilst encamped at the Indian Pueblo of Zani, N. Mexico.

The following is the extract from my journal:—

Wednesday, Sept. 17, 1851. This morning, Lieut. J. F. Parke, Top'l Engineers, U. S. Army, and I, were walking out to procure some specimens of birds, and when about two miles from the Pueblo, I came within a few inches of treading upon a rattlesnake, who immediately coiled himself up and got ready to strike; jumping back, I drew out my ramrod and struck

him over the back with sufficient force to break it. Being a fine specimen, I wished to preserve it without further injury, when, placing my gun upon its head, and seizing it, as I thought, immediately back of the head, I picked him up, but unfortunately I had too long a hold, when he threw round his head and buried his fang in the side of the index finger of my left hand, about the middle of the first phalanx. The pain was intense, momentarily producing, as it were, a severe shock, and accompanied with much nausea. I immediately commenced sucking the wound, and at the same time got Lieut. Parke to apply a ligature round the finger to prevent the too rapid absorption of the poison. I then scarified it freely and continued sucking until I returned to camp.

A man that was with us at the time I sent immediately back to get some aqua ammonia forte, and meet us on the road, which he did when we were about three-fourths of a mile from the town. I applied it immediately to the wound. Mr. Kern, hearing what had happened, returned with him, and he wished me to try, as he said, the *Western Remedy*, that is to say, get drunk. This I had often heard of, and I was determined to try its efficacy. He was supplied with a bottle of whiskey, which I immediately commenced drinking: by the time I arrived at the Pueblo I had drank half a pint. Already the glands in my axilla were getting sore and painful. Took some ammonia internally, scarified my finger freely, and held it in a basin of warm water, which caused it to bleed freely. Then commenced drinking brandy, at the same time held my finger in a cup of ammonia. It took one quart of fourth proof brandy and half a pint of whiskey (enough to have killed a man under ordinary circumstances) to produce intoxication, which only lasted about four hours. During my intoxication I vomited freely: soon after my recovery from this state I removed the ligature and applied a large poultice of pulv. sem. lini. That afternoon I took ammonia internally, and some pills composed of mass hydrarg. et colocynth comp., to act as a cathartic. In the evening the pain in the axilla and finger was very severe: took pulv. Doveri grs. x.

Thursday, 18th. I passed a restless night, without sleep, although during the night I took at least pulv. opii grs. iv. This morning the pain in my finger is intense, and a well-marked line of inflammation extends along the arm to the axilla. I had the entire arm and hand painted with tinct. iodine, and the flaxseed poultice renewed, commenced taking a solution of potassii iodidi as an alterative. The pills not having operated, I took pulv. Seidlitz, which had the desired effect. Diet, boiled rice. Several times to-day I tried to walk across the room, but each time would be seized with nausea, and commenced vomiting. Took at bedtime pulv. Doveri grs. x.

Friday, 19th. I rested pretty well last night, but this morning my hand, arm, and the glands in the axilla are much swollen and very painful.

Repeated tinct. iodine. Diet, boiled farina. Took, on retiring, pulv. Doveri grs. x.

Saturday, 20th. Passed a tolerable night, but my back is getting very sore, as the blankets on the stone floor make rather a hard bed. This morning the pain is very great, and the swelling down my left side as far as my hip. Renewed tinct. iodine. I am still attacked with nausea and vomiting on my attempting to walk.

I removed the skin from off my finger, and it discharged freely a watery sanguineous fluid without smell. The nail is becoming loose. The broad red line following the course of the lymphatic, is now filled with a yellowish serum. The point where the fang entered, for three-eighths of an inch in diameter, is of a dark-brown color. Renewed the poultice. At bedtime took mass hydrarg. grs. v.; pulv. Doveri grs. x. Continued potassii iodidi. Diet the same.

Sunday, 21st. Passed a restless night, being much troubled with colic; took magnesia calc. et spts. menth. pip., which relieved me, and not having my bowels open took pulv. Seidlitz, which had the desired effect. Hand much swollen and filled with serum. Diet as usual.

Monday, 22d. Passed a comfortable night. The swelling has left my side and arm, but little remains in the hand. I can now walk a few yards without being seized with nausea; have been sitting up the most of the day. Continued potassii iodidi. Diet, mutton broth and farina.

Tuesday, 23d. I awoke this morning much improved, the swelling and pain having left, with the exception of the finger, the first and second joint of which does not present a healthy appearance, the palmar surface having the appearance of gangrene, but the discharge is thin and watery, without smell. The granulations do not present a healthy appearance, they are rough, and many of them look as if they were sprinkled with yellow ochre. The nail is quite loose. Continued potassii iodidi. Diet, mutton broth, with a little of the meat.

Wednesday, 24th. This day we commenced our march. I placed my hand in a sling and mounted my mule: found myself rather weak, and the mule hard to manage with but one hand: the sun was rather hot: this, with the jolting of the animal, caused me to suffer considerable pain; fortunately for me, after going six miles, we encamped. I removed the nail. From this time on the finger gradually improved. I continued renewing the poultice daily until the last of October. In the mean time there was a large slough, which gradually came away and left the last phalanx exposed in two places. The granulations required occasionally the application of nitrate of silver. After this I made use of dressings of cer. simplex. Continued carrying my hand in a sling until the middle of November. A new nail commenced growing, and a sinus remained open in the end of the finger; upon the introduction of the probe into the latter, the bone could be felt quite rough. A discharge from this kept up until about the 7th of February, when I removed the exfoliation of the end of the phalanx, showing evidently that the fang had entered the periosteum. Soon after this the sinus closed, leaving the finger in a deformed state, ankylosis having taken place in the first joint. The circulation is very imperfect, one of the arteries being destroyed, which renders it very susceptible of cold. The insertion of the flexor muscle has also been destroyed.

I have heard of a number of instances of rattlesnake bites, in all of which the patients recovered if they succeeded in producing intoxication.

Dr. Fischer C. Smith, of this city, accompanied Capt. French, A. Q. M. U. S. Army, to El Paso last year, and on their return one of the teamsters was bitten by a rattlesnake; he gave him nothing but whiskey, and in three days after he was driving his team. In this case it took three pints of whiskey to produce intoxication.

Should this brief extract be of any service to you it is at your disposal.

Buffalo Medical Journal.

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